

Sheet 1 of 4

THIS FORM REPLACES DR FORM 40, JAN 02  
PREVIOUS EDITIONS WILL BE DESTROYED

# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B6-055170



Indicate  
North  
by Arrow

POI #1: 7' north of the south  
curb of Sweetbriar Ln./15' west  
of the east curb of S. 40th St.

POI #2: 19' north of the south  
curb of Sweetbriar Ln./15' west  
of the east curb of S. 40th St.



Not To Scale

SWEETBRIAR LN

S. 40TH ST

90

5200 S. 40TH ST

## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle #1 was traveling northbound on S. 40th Street, in the inside lane of traffic, and was stopped for traffic in the intersection of Sweetbriar Lane, when it was struck from behind by vehicle #2. Driver #1 stated, "The guy behind me was hit by the lady behind him and pushed into me." Vehicle #2 was traveling northbound on S. 40th Street, in the inside lane of traffic, and was stopped for traffic in the intersection of Sweetbriar Lane, when it was struck from behind by vehicle #3, and pushed into vehicle #1. Driver #2 stated, "She hit us and pushed us into him." Vehicle #3 was traveling northbound on S. 40th Street, in the inside lane of traffic, when it failed to stop in the intersection of Sweetbriar Lane and struck vehicle #2 from behind, pushing vehicle #2 into vehicle #1. Driver #3 stated, "The vehicle in front of me slammed on the brakes, and then so did I."

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	2
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
1	X				S. 40TH ST	POINT OF IMPACT	05	POINT OF IMPACT	05	1	Deployed - front	1	None used - vehicle occupant	Y		Y	
2	X				S. 40TH ST	MOST DAMAGED AREA	05	MOST DAMAGED AREA	05	4	2 Deployed - side	2	2 Lap & shoulder belt used	N	X	N	X
1	11				06 Turning left						3 Deployed - both front/side		3 Shoulder belt only used				
2	11				08 Entering traffic lane						4 Not deployed		4 Lap belt only used				
					01 Essentially straight ahead	00 None	02	03	04			5 Child safety seat used	ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	Driver No. 2	
					02 Backing	09 Top & windows	01					6 Child booster seat used	1		1		
					03 Changing lanes	10 Undercarriage	08					7 DOT approved helmet used	2		2		
					04 Overtaking/ Passing	11 Total (all areas)	07					8 Costume helmet used	4		4		
					05 Turning right	12 Other	06					9 Restraint use unknown	5		5		
					13 Unknown												

OFFICER NO. 1513	TROOP/ TEAM/ BEAT 5	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Curtis Wolbert		INVESTIGATOR SIGNATURE Approved by Officer Curtis Wolbert	DATE OF REPORT 06/21/2016

216025448  
105387

State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./  
District 177

Agency  
Case No. B6-055170

STATE USE ONLY

Vehicle  
Codes  
from  
Overlay  
#2

DATE OF ACCIDENT (MM / DD / YYYY)

06/21/2016

PLACE  
OF  
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence  
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. S. 40TH ST

VEH. #	VEHICLE NO. 3										VEH. #		
3	DRIVER LICENSE NO.		H12101950				STATE (Of License)		NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	3	
M	DRIVER DAWN J HARRIS						PHONE		402-525-8279			1.	
N	DRIVER ADDRESS 1520 GARRET LN APT 317, LINCOLN, NE 68512						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		07/27/1979	18	
O	OWNER JEANETTE HARRIS (08-05-1951)						PHONE		402-423-1077			2.	
P	OWNER ADDRESS 1520 GARRET LN #105, LINCOLN, NE 68512						CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO		LB503849	3.	
Q	LICENSE PLATE PA NO.		TMM624		YEAR (Plate Expires)		2016		STATE (Of Plate)		NE	4.	
4	VEHICLE		2008		MAKE		GMC		MODEL		ACADIA	5.	
	VEHICLE ID NO. (VIN)		1GKEV33748J291050				COLOR		white		ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 500	18	
	TOWED TO				TOWED BY				INSURANCE COMPANY AMERICAN FAMILY INS				6.
									POLICY NO. 41001-66219-66				40

VEH. #	VEHICLE NO. 4										VEH. #		
4	DRIVER LICENSE NO.						STATE (Of License)			SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE	4	
M	DRIVER						PHONE		LOCAL NO.			1.	
N	DRIVER ADDRESS						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)			2.	
O	OWNER						PHONE		LOCAL NO.			3.	
P	OWNER ADDRESS						CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO			4.	
Q	LICENSE PLATE NO.				YEAR (Plate Expires)				STATE (Of Plate)			5.	
	VEHICLE				MAKE				MODEL			6.	
	VEHICLE ID NO. (VIN)						COLOR				ESTIMATED DAMAGE <input type="radio"/> TOTALED \$		
	TOWED TO				TOWED BY				POLICY NO.				

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 3				RESTRAINT USE VEHICLE 3				TOTAL OCCUPANTS VEH 3 2 VEH 4					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																
3	X				S. 40TH ST																
4																					
3	11																				
4																					
01 Essentially straight ahead				02 Backing				03 Changing lanes				04 Overtaking/ Passing				05 Turning right					
06 Turning left				07 Making U-turn				08 Entering traffic lane				09 Leaving traffic lane				10 Parked					
11 Slowing or stopped in traffic				12 Other				13 Unknown													
00 None				01				02				03				04					
09 Top & windows				10 Undercarriage				11 Total (all areas)				12 Other									
08				07				06													
1				2				3				4				5					
6				7				8				9				10					
11				12				13				14				15					
16				17				18				19				20					
21				22				23				24				25					
26				27				28				29				30					
31				32				33				34				35					
36				37				38				39				40					
41				42				43				44				45					
46				47				48				49				50					
51				52				53				54				55					
56				57				58				59				60					
61				62				63				64				65					
66				67				68				69				70					
71				72				73				74				75					
76				77				78				79				80					
81				82				83				84				85					
86				87				88				89				90					
91				92				93				94				95					
96				97				98				99				100					

Complete this section for all injured persons

DATE OF BIRTH (MM / DD / YYYY)

1 2 3 4 5 SEX M F

VEH. #	NAME		ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX M F	
	LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.	
VEH. #	NAME		ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX M F	
	LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.	
VEH. #	NAME		ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX M F	
	LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.	

# ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate  
North  
by Arrow

AGENCY CASE NO.

B6-055170

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1513		TROOP/ TEAM/ BEAT 5		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Curtis Wolbert			INVESTIGATOR SIGNATURE Approved by Officer Curtis Wolbert		DATE OF REPORT 06/21/2016